

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 097800209	FILING DATE			
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.		IND.
1	/						51				
2	/						52				
3	/						53				
4	/						54				
5		/					55				
6		/					56				
7		/					57				
8		/					58				
9		/					59				
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43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	4						TOTAL IND.				
TOTAL DEP.	8						TOTAL DEP.				
TOTAL CLAIMS	12						TOTAL CLAIMS				